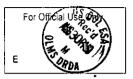


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Suplemental Report - Original sent 8/11/05

			
1. File Number U - 8.900		2. Fiscal Year Covered From:	
		1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.		4. Name, file number, and address of labor organization.	
Name _{Louis}	A Mandarini Jr.	Name Laborers' International Union of North America	
		Labor Organization File Number 000-131	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Rcom Number, if any	
Street 16 Adams St.		Street 905 16th St. NW	
City Danvers		City Washington	
State Massachusetts	ZIP Code + 4 01923	State District of Columbia ZIP Code + 4 20006	
5. Position in labor organizat	ion. Bus. Mgr./Sec. Treas./Loca	1 22	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	-	7.b. Amount.		
City				
State	ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the						
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed		On 8/19/2005	781-321-6616			

Date

Telephone Number

Name of Person Filing Louis Mandarini Jr.	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	a Labor Organization				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street	c. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	; t				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).	12/16/04 University Park Hotel MIT Dinner				
Name The Segal Company					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 116 Huntington Ave.					
City Boston					
State Massachusetts ZIP Code + 4 02116-5744					
13 h le the Rusiness an Employer or Consultant 2	14.b. Amount of payment.				